Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Please go to the reverse of this form and provide the requisited information.

	SEFA		ENVIRONMENTAL PROTION OF HAZARDO		IVITY	1		received a preprinted
	INSTALLA- TION'S EPA I.D. NO.	lo la la lo livi				informati through in the ap	ion on the label is it and supply the opropriate section	e at left. If any of the sincorrect, draw a line correct information below. If the label is
1	I. STALLATION							ve Items I, II, and III ot receive a preprinted
-	INSTALLA- TION II. MAILING ADDRESS	PLEA	SE PLACE LABEL	IN THIS SPACE		single sit treated, porter's	e where hazardo stored and/or dis principal place of	"Installation" means a ous waste is generated, sposed of, or a trans- f business. Please refer FOR FILING NOTIFI-
	LOCATION III OF INSTAL- LATION			REVISE	Ö	CATION informati	before completion requested her 3010 of the Reso	rting this form. The rein is required by law ource Conservation and
Į.	FOR OFFICIAL	USE ONLY	in the state of the	indication deem				
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-	V. OWNERSHIP	Markette E.	a to contract program	and the last of				
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A DE	B. TYPE OF C lenter the appropria	WNERSHIP ite letter into box)	VI. TYPE OF HAZAR					
	F = FEDERAL M = NON-FED		A. GENERAT	rion rong/disposa	33		RTATION (comp	
-	VII. MODE OF T		N (transporters only -					
	A. AIR	B. RAIL	C. HIGHWAY	D. WATER	e. Other	(specify)	27/2/2/	13/4
1	Mark "X" in the app	UBSEQUENT NO ropriate box to indicate notification, enter	OTIFICATION attempts the whether this is your in your Installation's EPA I.I.	stallation's first notifica D. Number in the space	tion of haz provided b	ardous wa elow.	ste activity or a su	obsequent notification.
	A. FIRST	NOTIFICATION	🕅 B. SUBSEQUEN	T NOTIFICATION (co	mplet <b>e</b> iten	n C)	ORDOO	9 0 3 2 4 0 0
Ti	X DESCRIPTION	N OF HAZARDO	US WASTES					

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IX. DESCRIPTION OF HAZ	ARDOUS WASTES (	continued from fro	int) programme	AND THE PROPERTY OF	とうないないとうない
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8. HAZARDOUS WASTES FROM specific industrial sources your	M SPECIFIC SOURCES installation handles, U	. Enter the four—diging additional sheets if	t number from 40 CFF nectssary.	R Part 261,32 for each li	isted hazardous wasta from
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C. COMMERCIAL CHEMICAL P stance your installation handle					3 for each chemical sub-
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D. LISTED INFECTIOUS WASTE hospitals, medical and research					from hospitals, vaterinary
49	30	31	52	53	34
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E. CHARACTERISTICS OF NON hazardous wastes your installat				ending to the character	istics of non-listed
(DOO1)	□2. c (B002)	DYNOSIVE	☐3. REACT (2003)		
X. CERTIFICATION	CHOCKE CONTRACT				
I certify under penalty of lattached documents, and the latter that the submitted mitting false information, inc	at based on my inqu information is true,	iry of those individual accurate, and com	duals immediately r plete. I am aware t	esponsible for obtain	ning the information.
SIGNATURE /	7	NAME & OFFICE	AL TITLE (lype of pr	int)	DATE SIGNED

Joe Morgan III, Technical Director 2/11/83

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IV. DESCRIPTION OF HAZARDOUS WAST Cont E. USE THIS SPACE TO LIST ADDITION ROC	inued) ESS CODES FROM ITEM D(1) ON	P
•	lowly in the basin of th	e cooling tower. It must be
DCO4 - This material accumulates sout at irregular intervals and had		
U242 - This material accumulates s at irregular intervals and hauled		
	•	
		and the second second second second
•		
EPA I.D. NO. (enter from page 1)	•	
5 T/A C		
FO R D 0 0 9 0 3 2 4 0 0 6		
V. FACILITY DRAWING  All existing facilities must include in the space provided on p	age 5 a scale drawing of the facility (see	instructions for more detail).
VI. PHOTOGRAPHS		
All existing facilities must include photographs (aeria treatment and disposal areas; and sites of future store	ol or ground—level) that clearly delig age, treatment or disposal areas (see	neate all existing structures; existing storage, instructions for more detail).
VII. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minutes, & seconds)		ONGITUDE (degrees, minutes, & seconds)
440346		1 2 3 2 1 2 0
VIII, FACILITY OWNER		A CONTRACTOR OF THE STATE OF TH
A. If the facility owner is also the facility operator as li skip to Section IX below.	sted in Section VIII on Form 1, "Genera	I Information", place an "X" in the box to the left and
B. If the facility owner is not the facility operator as in	sted in Section VIII on Form 1, complete	e the following items:
1. NAME OF FACIL	. ** 14.0	2. PHONE NO. (area code & no
E J. H. Baxter & Co.		4 1 5 -3 4 9 -0 2 0
12 16	4, CITY OR TO	95 56 - 59 59 - 61 62
3. STREET OR P.O. BOX	c j	CA 94402
F 1700 So. El Camino Real	G San Mateo	40 41 41 47 49 41
IX. OWNER CERTIFICATION  I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	te. I am aware that there are signific	ant penalties for submitting false information,
A. NAME (print or type) L. G. Hope	B. SIGNATORE	C. DATE SIGNED
Vice President-Operations (	1///	2 7/1/8/
X. OPERATOR CERTIFICATION		in a submitted in this and all amounted
I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment.	ndividuale immediately resoonsible i	or optaining the initiality, i believe that the
A NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
• •		
	L	CONTINUE ON PA
EPA Form 3510-3 (6-80)	PAGE 4 OF 5	

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	DDITIONAL PROCESS CODE	FOR DE	CCRIBING OTHER PROCESSES	code ). '). FOR EACH PROCESS	ENTERED HERE
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A. EPA HAZARDO handle hazardou tics and/or the t	oxic contaminants of those hazar	the four-d 40 CFR, Su dous wastes.	bpart D, enter the four-digit numb	t D for each listed hazardous waste voer(s) from 40 CFR, Subpart C that do	escribes the characteris-
DOSIS, FUI COLII I	.NNUAL QUANTITY — For each characteristic or toxic contaminated characteristic or contaminant.	i listed wast at entered in	e entered in column A estimate th column A estimate the total annua	e quantity of that waste that will be all quantity of all the non-listed waste	handled on an annual (s) that will be handled
C. UNIT OF MEAS	SURE — For each quantity enter	ed in colum	n B enter the unit of measure cod	de. Units of measure which must be us	sed and the appropriate
	NGLISH UNIT OF MEASURE	<u> </u>		NIT OF MEASURE	CODE
	DUNDS			MS	K M
If facility record	ds use any other unit of measure ropriate density or specific gravity	for quantity of the wast	,, the units of measure must be co	nverted into one of the required units	of measure taking into
D. PROCESSES	0050				anderson de la companya de la compan
1. PROCESS Co	zardous waste: For each listed	nazardous w	aste entered in column A select th	e code(s) from the list of process code	es contained in Item III
For non-list	ow the waste will be stored, treat-	ed, and/or di characteristi	sposed of at the facility.	column A salast the anda/al from the	ha list of process and a
that characte	eristic or toxic contaminant.	cesses that v	vill be used to store, treat, and/or	dispose of all the non-listed hazardo	ous wastes that possess
Note: Four	spaces are provided for entering	g process co	odes. If more are needed: (1) Ente ace provided on page 4, the line nu	r the first three as described above;	2) Enter "000" in the
					ည်းရေးကို ကြောင်း ကြောက်လည်းမေတည်းအမြောက်
		Table 18 September 1997		process in the space provided on the	
more than one EPA	. Hazardous waste Number shall b	e described (	on the form as follows:	TE NUMBER — Hazardous wastes th	
1. Select one of quantity of t	f the EPA Hazardous Waste Numl he waste and describing all the pro-	bers and ente	er it in column A. On the same line	complete columns B,C, and D by esting	* . · · · · · · · · · · · · · · · · · ·
- 2. In column A "included wi	. Of the next line enter the other th above" and make no other ent	EPA Hazard ries on that i	dous Waste Number that can be us ine.	sed to describe the waste. In column	D(2) on that line enter
3. Repeat step 2	2 for each other EPA Hazardous V	Vaste Numbe	er that can be used to describe the h	azardous waste.	
ere corrosive only a	snavings from leatner tanning ar and there will be an estimated 20	gainsinit Dr or shauga Ol	operation. In addition, the facility was to the other was	A facility will treat and dispose of an will treat and dispose of three non—list vaste is corrosive and ignitable and the	ted wester Two wester
A. EPA	r of that waste. Treatment will be	C. UNIT	rator and disposal will be in a landf	ill.	
HAZARD.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA-	1. PROCESS CODES	D. PROCESSES  2. PROCESS DES	COURTION
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II. FIRST OR R	REVISED APPLIC	CATIO	NC			loc s			Á									.bmit	tion (	Sa.	ALE OUT	custi acilit	v or	
revised application	ne appropriate box in If this is your fire in the state of the sta	st appli	ication Er //	end yo الرين دار	u aire	ady	knou	v yo	ur fac	cility's	EPA	\ I.D.	Number, o	or if thi	s is a	revise	d apr	olicati	on, e	nter	you	facil	ity's	_
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III. PROCESSE	S - CODES AN	D DES	IGN (	CAPAC	CITI	ES				/ VC			47 A											Ž
entering codes describe the p	DE — Enter the coc. If more lines are rocess (including its	needed s design	, enter capaci	the cod	ie <i>(s)</i> he sp	in the	e spa provi	ce pi ded (	ovidon th	ed. If e forn	a pro n (/te	ocess m III	will be use I-C).	to be used that i	sed at is not	the f	acilit ded i	y. Ten the	n line list o	es ar f co	e pro des b	video elow,	d for then	l 
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	barrel, drum, etc.)	S01 S02		LONS C				•	•	TAN		•			•	TOI		ALLO TERS				OR	1	
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EXAMPLE FOR	COMPLETING ITE	EM III	(shown	in line	num	bers .	X-1	and .	X-2 E	below)	. A	facili	н व्हेन्ट ty has two		tank	s, one	tank	can	hold :	200	gallo	ns an	d the	:
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HAZAR SUMMINISTER PERMIT PROPERTY OF THE PERM		ne, i.e., 12 characters (inch).		Form Approved UMS No. 136-3duu4
TOWNS OF PROJECT ON SERVING APPLICATION  THE STY OR REVISED AP		HAZAR US WASTE P	ERMIT APPLICATION	I. EPA I.D. NUMBER
IL FIRST OR REVISED APPLICATION  IN FIRST OR REVISED APPLICATION	RCRA	(This information is required un	nder Section 3005 of RCRA.)	
IL FIRST OR REVISED APPLICATION  The service of the	FOR OFFICIAL USE ONLY			
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Continued from the front.	Street Section			MINOCHES STATES		
IV. DESCRIPTION OF HAZARDOUS WAST Continue	d)					
E. USE THIS SPACE TO LIST ADDITION ROCESS	CODESTRU	M ITEM D(1)	ON PAC 3.			
K001 - This material accumulates slow	ly in the	basin of	the spray po	nd. It mu	ist be taken	out '
at irregular intervals and hau	led to a	commercial	toxic mater	ials dump,	•	- 1
DOO4 - This material assumulates sleve	1 !	hote - E			ta mal	
DOO4 - This material accumulates slow at irregular intervals and hau	led to a	toxic mate	several tan	KS. IT M	ist be taken	out
· · · · · · · · · · · · · · · · · · ·		toxic mate	riai ddiip.			1
K001 - This material accumulates in t	he bottom	of a surf	ace impoundm	ent used	to collect	. [
yard drainage (rain water). I	t is remo	ved at_lon	g-time inter	vals_and. <u>l</u>	nauled to a	
toxic materials dump.			- 1	• •	•	1
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FACILITY DRAWING		448266	Mary States	of the second	PA STATE	
existing facilities must include in the space provided on page 5	a scale drawing	g of the facility (	see instructions for r	nore detail).		
existing facilities must include photographs (aerial or g	ground-level	I that clearly d	alineate all evictin	a structures	evicting storage	
treatment and disposal areas; and sites of future storage, t						
VII. FACILITY GEOGRAPHIC LOCATION	PQ#				544W (1.80 S	A***6
LATITUDE (degrees, minutes, & seconds)			LONGITUDE (de	grees, minutes,	& seconds)	
4 4 0 3 4 6			1 2 3	2 1 2		
VIII. FACILITY OWNER				75 76 77	77	
A. If the facility owner is also the facility operator as listed in	n Section VIII	on Form 1 "Ger	reral Information"	place an "X" in	the box to the left	and
skip to Section IX below.		o				
B. If the facility owner is not the facility operator as listed in	n Section VIII	on Form 1, comp	olete the following i	tems:		
1. NAME OF FACILITY'S					ONE NO. (area cod	e & no.)
	LEGAL OWN	EK				
E J. H. Boxter & Co.			<del></del>	35 36 -	3 4 9 9	युष
3. STREET OR P.O. BOX	100	4. CITY OR	TOWN	5. ST.	6. ZIP CODE	
F 1700 S. El Camino Real	G Si	n-Mateo		GA	94402	
	15 15				47 91	
IX. OWNER CERTIFICATION	WILL YOU THINK THE MAN	<b>第二次的第三人称单数</b>		40 41 42		
		familiar wish			is and all attache	
I certify under penalty of law that I have personally exam	ined and am 'uals immedia	familiar with to	he information su le for obtaining th	bmitted in th	is and all attached a, I believe that to	d he
I certify under penalty of law that I have personally exam documents, and that based on my inquiry of those individ submitted information is true, accurate, and complete. I a	luals immedia	itely responsible	le for obtaining th	bmitted in thi ne information	n, I believe that ti	he
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VII. SIC CODES (4-digit, in order of priority)			The state of the s
A. FIRST		B. SECOND	
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C. THIRD	(	D. FOURTH	
c (specify)	<u> </u>	(specify)	
71 , , , ,	[7]		
15 16 - 19	15 16		
VIII. OPERATOR INFORMATION			
A. NAM	ME		B. Is the name listed in
		1111111	Item VIII-A also the
8 J H BAXTER & CO.			M YES □ NO
The state of the s	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		66 123 110
13   16			- 88
- ১৯৯৫ - C. STATUS OF OPERATOR (Enter the appropriate letter into ti	the answer box; if "Other", :	specify.) D. P	HONE (area code & no.)
S = STATE O = OTHER (specify)	P (specify)	<del> </del>	5 3 4 9 0 2 0 1
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EPA Form 8700-12B (4-80)

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

BAXTER J H & CO# PO BOX 10797 EUGENE OR 97	- 7
EUGENE OR 9F	
	.01
INSTALLATION ADDRESS > 85 BAXTER ST	
EUGENE OR 97	01

000000033000

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<b>SEPA</b>	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA I.D. NO.	ORD009032400	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
I. STALLATION	UK100 7032400	complete and correct, leave Items I, II, and III
INSTALLA- TION II. MAILING ADDRESS	BAXTER J H & CO* FO BOX 10797 EUGENE, OR 97401	below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer
LOCATION III OF INSTAL- LATION	85 BAXTER ST EUGENE, OR 97401	to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL		
FOR OFFICIAL	COMMENTS	TOUR DESTRUCTION OF THE PARTY O
C 15 16	DATE RECEIVED	000061
5 F	13 14 15 16 (yr., mo., & day)	8 '80
I. NAME OF INS	· · · · · · · · · · · · · · · · · · ·	K nbig
30		67
II. INSTALLATI	ON MAILING ADDRESS STREET OR P.O. BOX	
3 15 16		45
	CITY OR TOWN ST. ZIE	CODE
4		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
III. LOCATION	OF INSTALLATION 40  41   42   47	- 51
c	STREET OR ROUTE NUMBER	
5		45
	CITY OR TOWN ST. ZIF	CODE
6		
IV. INSTALLAT	ION CONTACT	- 3 91
c S E X T O	NAME AND TITLE (last, first, & job title)  N RA PLANT MGR	PHONE NO. (area code & no.)  5 0 3 6 8 9 3 8 0 1
V. OWNERSHIP		65 46 - 45 49 - 51 52 - 55
	A. NAME OF INSTALLATION'S LEGAL OWNER	
8 J H B A	X T E R & C O	55
B. TYPE OF (enter the appropri	OWNERSHIP ate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (e.	
F = FEDERA M = NON-FE	5-5-1 M	TRANSPORTATION (complete item VII) UNDERGROUND INJECTION
The Real Property and the Party of the Party	RANSPORTATION (transporters only - enter "X" in the appropriate	The state of the s
A. AIR	B. RAIL C. HIGHWAY G4 D. WATER S5 E. OTHER	R (specify):
	SUBSEQUENT NOTIFICATION	and a second participation
If this is not your fi	propriate box to indicate whether this is your installation's first notification of haz rst notification, enter your Installation's EPA I.D. Number in the space provided b	pelow.
🛚 A. FIRST	NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete iter	m C)
The second secon	N OF HAZARDOUS WASTES	
EPA Form 8700-12	erse of this form and provide the requested information.	CONTINUE ON REVERSE
		COLUMN TO THE PROPERTY.

				W		2 1
IX. DESCRIPTION OF HA	ZARDOUS WAST	ES (continued from	front)	1 2	- 13   1	4   15
A. HAZARDOUS WASTES FR waste from non—specific sou	OM NON-SPECIFIC	SOURCES. Enter the	four-digit number from	40 CFR Part 261,31 fo	or each listed hazardous	
Catalogical Control of	2	3	4	5	6	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	,
						1
B. HAZARDOUS WASTES FR	OM SPECIFIC SOLIR	CES Enter the four	digit number from 40 CE	23 - 26 B Part 261 32 for each	listed hazardous waste f	rom
specific industrial sources yo				A Part 201.32 for each	Service for a stable of	10111
13	14	15	16	17	18	
K 0 0 1	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
19	20	21	22	23	24	1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
25	26	27	28	29	30	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
C. COMMERCIAL CHEMICAL stance your installation hand					33 for each chemical sub	-
31	32	33	34	35	36	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
TiT						
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43	44	45	46	47	48	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
<ul> <li>LISTED INFECTIOUS WAS hospitals, medical and resear</li> </ul>					te from hospitals, veterin	ary
49	50	51	52	53	54	
			23 26	23 - 26	22 26	
E. CHARACTERISTICS OF N hazardous wastes your instal				esponding to the charact	eristics of non-listed	
1. IGNITABLE		2. CORROSIVE	☐3. REAC	A J T	X 4. TOXIC	
X. CERTIFICATION	(D0	02)	(D003)		(D000)	,
I certify under penalty of attached documents, and I believe that the submitt mitting false information,	that based on my	inquiry of those inc	dividuals immediately complete. I am aware	responsible for obta	aining the informatio	n, c
SIGNATURE /	74	NAME & OF	FICIAL TITLE (type or )	print)	DATE SIGNED	
MAL	Katon	RA Sext	on, Plant Ma	anager	18-5-80	)
EDA Form \$700.12 (6.80) RE	VERSE					

I.D. - FOR OFFICIAL USE ONLY